



2019
amref at a glance
ETHIOPIA



amref

2019
at a
glance



WE ARE

TRULY AFRICAN

Connected in the spirit of Ubuntu
Committed to lasting health change since 1957



DEEPLY ROOTED

In communities, and know how African healthcare works,
embracing innovation and tradition



PART OF A

GLOBAL TEAM

Joining forces and ideas to make
a healthy Africa a reality



EVERYDAY

WE PARTNER

With communities in Africa.
Their health is our happiness.

We are



SINCE 1957



A health worker delivering service at Morka Health Center, Gamo Zone, Southern Ethiopia. Amref works towards improving maternal and child health through, among other things, training of health workers.

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LASTING HEALTH CHANGE IN AFRICA

Vibrant • Connected • Resourceful

Note from the Country Director

In 2019, Amref Health Africa's focus was to solidify our partnership with the community, the Regional Health Bureaus and the Federal Ministry of Health by building on our expertise and experience in the developing regions to ensure stronger and more vibrant communities and health systems. As always, our commitment to the communities we serve remained the centre of our work and we ensured that our program design, implementation and deliverables met their needs.

In order to meet the increasingly complicated challenges in the health systems and effectively leverage resources and technology, we built new and strengthened existing partnerships with the private sector. This allowed us to leverage the agility and innovation of our partners including General Electric and Philips Healthcare Africa. Through these partnerships, we provided appropriate technology solutions for maternal and child health in the developing regions. We also motivated health workers by increasing the quality of health services they provided using these new appropriate tools.

In our water, sanitation and hygiene interventions, we engaged private and government micro financing institutions to provide loans to community members who wanted to build their own latrines as a result of participating in our marketing and health communications activities. It was a success seeing communities engaging and taking ownership of their wellbeing as financing was no longer a limiting factor. Moreover, through our partnership with Awash Bank, we were able to build ten school latrines, one in each of the woredas of Addis Ababa. These important partnerships mark the beginning of our steps to expand domestic resource mobilization.

Building on our footprint in developing regions, 2019 saw the consolidation of our Reproductive, Maternal, Neonatal, Adolescent, Youth and Child Health (RMNAYCH) and Water, Sanitation and Hygiene (WASH) efforts in trachoma elimination by starting surgery and mass drug administration in Afar, Gambella, Somali and Benishangul Gumuz, with the potential of expanding activities around facial hygiene and environmental improvement in 2020.



The change in Ethiopia's political environment and Non-Governmental Organisation (NGO) regulatory laws is aligned with Amref Health Africa's plan to be fully engaged in expanding our gender-based violence interventions and advocacy. In particular, Amref will focus on ending Female Genital I Mutilation (FGM) through specific activities that are built into our RMNAYCH portfolio and plan to mobilize more resources.

Looking ahead to 2020, serving our communities remains our core commitment towards a resilient community and health systems as we support the government in improving the works of the health extension workers by leveraging technology, translating the woreda transformation plan to the ground as the path to achieve Universal Health Coverage (UHC) and transitioning to the Health Sector Transformation Plan (HSTP) II for the next stages of change. We continue with our partnership with the Federal Ministry of Health, the Ministry of Water, Irrigation and Energy and other government and private counterparts and look forward to another successful year ahead of us.

About Amref Health Africa

OUR VISION

Lasting Health Change in Africa.

OUR MISSION

To increase health access to communities in Africa through sustainable solutions in human resources for health and health services delivery

OUR PROGRAMS

Amref Health Africa, headquartered in Kenya, is the largest Africa based international Non-Governmental Organisation (NGO) currently implementing programs in over 35 countries in Africa with lessons learnt over 60 years of engagement with governments, communities and partners to increase sustainable health access in Africa. Amref also incorporates programme development, fundraising, partnership, advocacy, monitoring and evaluation, and has offices in Europe and North America as well as subsidiaries: Amref Flying Doctors, Amref Enterprises and the Amref International University. Amref Health Africa has been active in Ethiopia since the 1960s and became fully operational as an international NGO in 2002.



In partnership with the Government of Ethiopia and local stakeholders, Amref implements a diversified health project portfolios throughout the country, with two strategic pillars on human resources for health and innovative health services that guide our three key programmatic priorities: Reproductive, Maternal, Neonatal, Adolescent, Youth and Child Health (RMNAYCH); Water, Sanitation and Hygiene (WASH), and Diseases Prevention and Control (DPC). Communities, particularly women, youth and children are at the centre of our work. Our organization also engages in clinical outreach interventions, communicable and Non-Communicable Diseases and emergency preparedness, including nutrition and resilience-building of communities through projects that aim to improve the livelihoods of communities and reduce their vulnerability to shocks such as disease outbreaks, droughts and other natural disasters without compromising long-term development.

A member of youth solid waste collector group,
Addis Ababa.

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Midwifery trainees supported by Amref Health Africa at Gambella Health Science College
 © Girma Berta for Amref Health Africa

**HEALTHY, PRODUCTIVE AND
 PROSPEROUS ETHIOPIAN
 COMMUNITIES**

**Healthy,
 productive and
 prosperous Ethiopian
 Communities**

**Strong
 Health
 Systems**

Improved
 Health Seeking
 behavior

Increased
 Affordable
 Health Services

Motivated and
 Respectful
 Health Workers

Quality
 Health
 Services

Our Strategic Priorities: 2018 - 2022

PILLAR 1: HUMAN RESOURCES FOR HEALTH TRAINING

Strategic Objective 1.1:

Increase number and skills mix of mid-level health workers and Health Extension Workers using e/mLearning approaches

PILLAR 2: INNOVATIVE HEALTH SERVICES AND SOLUTIONS ACCESS

Strategic Objective 2.1:

Increase access and quality of care to promote equitable utilisation of services in developing regions, districts with very low health service utilisation and disadvantaged populations with focus on RMNCH, CDs, NCDs, WASH and nutrition

Strategic Objective 2.2:

Increase health service utilisation through behavioural change

Main Outcome Demonstrating our Impact



10,000

HEALTH PROFESSIONALS
WITH IMPROVED SKILLS
[CAPACITY & PERFORMANCE]



42,000

SKILLED HEALTH EXTENSION WORKERS
WITH IMPROVED SKILLS
[CAPACITY & PERFORMANCE]



10M

PEOPLE IN ETHIOPIA
WITH IMPROVED
HEALTH UTILIZATION



1.5M

PEOPLE REGISTERED
VOLUNTARILY IN
THE GOVERNMENT
COMMUNITY BASED
INSURANCE SCHEME

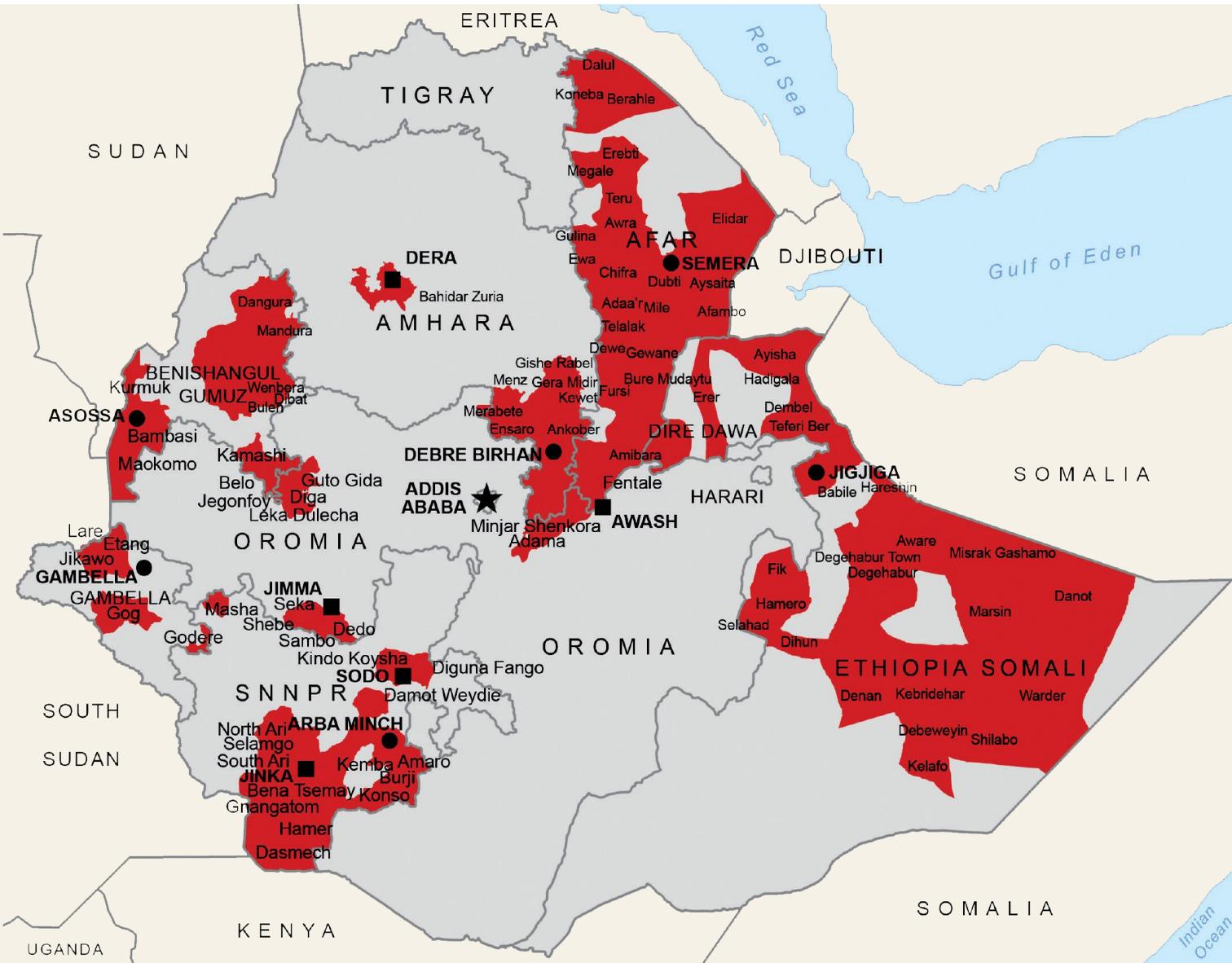


3.5M

PEOPLE HAVE
DEMONSTRATED
IMPROVED HEALTH
BEHAVIOUR

OUR GEOGRAPHIC FOOTPRINT

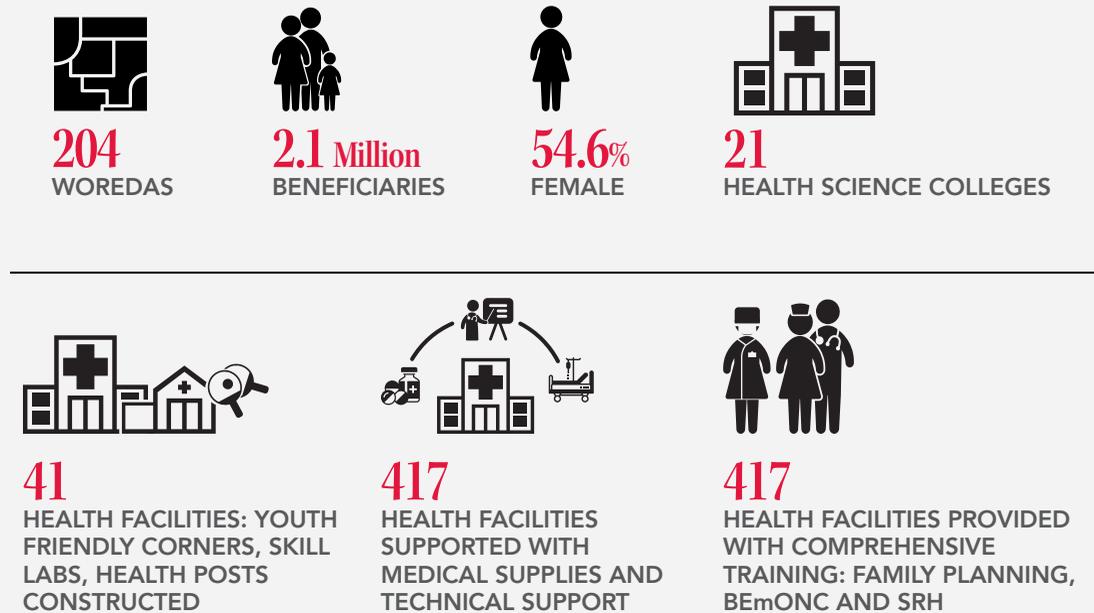
Amref Health Africa has projects in Addis Ababa, Afar, Amhara, Benishangul-Gumuz, Gambella, Oromia, SNNP, Somali regions and nationwide health systems strengthening interventions.



Reproductive, Maternal, Neonatal, Adolescent Youth and Child Health

Amref Health Africa works to improve reproductive, maternal, neonatal, child and youth health (RMNAYCH) in line with the Government of Ethiopia's priority agenda of meeting health quality and equity challenges reflected in the Health Sector Transformation Plan. Our interventions include: i) engaging communities to increase health-seeking behavior towards maternal, child and youth health through targeted social behavior change communication strategies; ii) strengthening health systems through in-service and pre-service clinical training, as well as on-site mentorship support for health providers, and increasing the availability of quality services and health infrastructure at the lower level of health delivery and iii) engaging in leadership, management and governance training to improve RMNAYCH programming. We give significant attention to addressing sexual reproductive health (SRH) and gender-based violence, including teenage pregnancy, harmful traditional practices and early marriage. In addition, we implement multi-sectoral interventions to improve maternal, child and adolescent nutrition by providing integrated nutrition services.

Our Reach in 2019





Dr Amir Aman, former Ethiopia Minister of Health, with partners at the USAID Transform HDR medical device handover event, Addis Ababa

© Kenaw G./ Amref Health Africa

Improving Quality of Service by Creating Centers of Excellence - USAID Transform Health in Developing Regions

New medical equipment and medicines were handed over to the Federal Ministry of Health for use in hospitals and health centers in the regional states of Afar, Benishangul Gumuz, Gambella, and Somali. The equipment, worth four million USD (approximately 115 million ETB¹), was provided by USAID's Transform Health in Developing Regions (HDRs) activity and includes mobile ultrasound machines, incubators, and newborn heating stations to be used in four regional hospitals and 20 health centers and primary hospitals. The USAID Transform HDR activity, which is managed by Amref Health Africa in partnership with Project HOPE, Intra Health International and General Electric (GE), aims to contribute to the equity and quality of health services in the four regions and support the Government of Ethiopia's overall effort to achieve the Health Sector Transformation Plan. Since we installed the GE technologies, from March 2019 to January 2020, an estimated 17,125 mothers have received imaging services via the mobile ultrasounds and 240 newborns with asphyxia have been resuscitated using the neonatal technologies in the 24 Center of Excellence facilities².

¹ Ethiopian Birr

² DHIS2 Report 2020



Dr Fereji Rebisa, Head of Afar Regional Health Bureau, with partners at the handover ceremony of the Philips backpack outreach kit, Semera, Afar

© Kenaw G./ Amref Health Africa

Bringing Effective Diagnostic Tools to the Community – A'ago Project

As part of its efforts to strengthen health systems in developing regions, Amref Health Africa handed over "Phillips Community Life Centre Outreach Kits" - medical devices fitted in backpacks - to the Afar Regional Health Bureau. These kits, worth more than USD 800,000 (approximately 24 million birr), include medical tools such as Pulse Oxy meter G3, Portable non-invasive blood pressure, Portable in-ear Thermometer, Wind-up fetal, Doppler, Children Automated Respiratory Monitor, VSI (spot-check patient monitor), Portable Ultra, Sound Lumify, Diagnostic electrocardiogram (ECG), MUAC, and a rechargeable Light life "plus" with its solar panel to be used by health extension workers and midwives to diagnose and refer people in need of further treatment. Ninety three health posts, 23 health centers and a hospital, as well as ten health district offices in the region, have received these kits and early findings already show a boost in maternal and child health service utilization. Anecdotal evidence highlights improved client satisfaction; more women are encouraging members of their communities to seek care. Health workers are also more motivated, they have acquired new skills and are able to conduct early diagnosis and timely management of referral for pregnancy complications as a result of the new technologies in their kits. Previously, diagnosis of pregnancy complications could not be done by midwives at health centers in Afar. This is changing as a result of the A'ago project, which is implemented in partnership with EngenderHealth, Triggerise and Philips Healthcare Africa, and supported by the Government of Netherlands.

Our Story

Civil Engagement for Community Health Services

Health service delivery gap is pronounced in certain areas of Somali Region where there is a weak link between communities and health posts or health centres. Even when health extension workers are active and present, in some communities, they are inundated with competing responsibilities and thus, are unable to provide health information and to connect the community to the closest health service centre. Unfortunately, communities lack awareness on the importance of seeking health services that are readily available to them. As a result, many suffer from preventable diseases, particularly women and children.

Such health service communication and delivery gaps are addressed by Umulgargar, a home-grown indigenous Community Based Association (CBA) in Awbare Woreda, an area with a population of 373,238 in Somali Region. The USAID Transform HDR activity, led by Amref Health Africa, engages the 50 women members of the Umulgargar CBA, equipping them to create linkages between the community and the Awbare Health Centre.

Working closely with Umulgargar has enabled Transform HDR to reach community members with essential health services. This approach provides an alternative structure to engaging the wider community and leads to better communication of health messages to the community on family planning, pregnancy, the benefits of child delivery at health facilities, the importance of breastfeeding and hygiene. The platform increases community members' engagement and accountability and leads to better successes of referrals due to closer follow-ups. With minimal support, Umulgargar's members travel miles to reach community members. Most importantly, Umulgargar women engage their community in decision-making on the services provided, resulting in a sense of ownership. They even go further, all 50 members contribute ETB 50 each month to support mothers who face complication during pregnancy and delivery; the association covers transportation fees to and from the health facilities, and in some cases, extends support by purchasing household commodities. At Awbare Health Centre, the association members successfully established one Maternal Waiting Home through money they contributed; Transform HDR matched their effort by providing basic equipment.

Transform HDR strengthened the capacity of Umulgargar's women, equipping them with community mobilization and health messages communications skills. It also provided health communications materials on ANC, delivery, postnatal, immunization and Family Planning,



Members of Umulgargar, a Community Based Association (CBA) in Awbare Woreda, Somali Region.
© Somali Region Field Office/ Amref Health Africa

Pregnant Mothers Conference (PMC) national guide, and audio-visuals in Somali language to facilitate mother support groups and PMC sessions. Transform HDR also covered minimal expenses of some of the Umulgargar members to encourage them to expand their service model to neighbouring kebeles and woreda. In the past six months, this partnership has resulted in the referrals of 1,800 mothers for antenatal care, 900 mothers for institutional delivery, 324 mothers for family planning and 2,400 children for immunization. To date, Transform HDR has also provided training to 322 individuals (55% female) on Reproductive, Maternal, Neonatal and Child Health (RMNCH) and health systems strengthening in Awbare woreda. Awbare Health Centre is also one of the 24 facilities selected as Centres of Excellence, which has received technology solutions to improve quality of care during antenatal care, delivery and new born care.

The partnership that started with Umulgargar has now been expanded to four more kebeles: Jaare, Sheedher, Gelbob and Shilcseley with 100 new volunteer mothers. This expansion has resulted in increase of communities' demand for health services, by building and strengthening the capacity of CBAs at the community level and by showcasing how to leverage such partnerships to create a win-win engagement. Transform HDR will continue strengthening this approach and refining this model for social accountability and engagement that could be easily replicated and scaled.

Water, Sanitation and Hygiene

Amref Health Africa's WASH program works to ensure access to resilient WASH systems by creating access to equitable, safe and adequate water supply, as well as sustainable and continuously improved sanitation services and hygiene promotion at all levels. We also strengthen WASH governance and institutional capacity, targeting hard to reach and remote rural areas, pastoral communities and urban slums. Innovation, research, and gender and social inclusion are cross-cutting in all our WASH programming. Through multi-sectoral and integrated approaches, we tackle malnutrition, communicable diseases, and Neglected Tropical Diseases (NTDs) and create economic opportunities from livestock development, sanitation marketing and financial inclusions. We align our activities with the Health Sector Transformation Plan, ONE WASH National Program and the Education Transformation Plan, and leverage synergies as we partner with communities, government and other WASH implementing organizations.



30

IMPROVED SANITATION
SCHEMES CONSTRUCTED



29

IMPROVED WATER
SCHEMES CONSTRUCTED



A member of youth solid waste collectors group, Addis Ababa. Amref Health Africa supported youth solid waste collectors with trainings and provision of supplies

© Alexander Awoke for Amref Health Africa

Our Story



Fatuma Dawud, a resident at Eyeledi Kebele, fetching water and bathing her daughter at a water point constructed by Amref Health Africa, Dewe woreda, Afar region

© Kenaw G./ Amref Health Africa

A water trough built for livestock of Eyeledi communities, Dewe woreda, Afar region

© Kenaw G./ Amref Health Africa

Changing Communities' Lives through Provision of Clean Water

Mothers and daughters in Eyeledi kebele, Dewe woreda of Afar region carry the burden of collecting water from the river, which is far from their house, sometimes traveling two hours. Fatuma Dawud, a mother of three children: daughters aged four and eight, and a son aged one, lives in Eyeledi kebele. She, along with her daughters, travel long distances to fetch water from the river to their house every single day, sometimes two to three times a day. Afar is the most arid region of the country, with one of the highest pastoralist communities. Communities in Afar live daily without adequate supply of water and the strains of this shortage presents the biggest water and sanitation challenge to the community. Young girls drop out from school to fetch water; and the communities, especially children, experience frequent diarrhea and other communicable disease that can be prevented through improved access to water and sanitation. Moreover, due to scarcity of water, communities, occasionally, end up in conflict caused by the allocation and use of water.

In 2018, with the support of the European Union funded Resilience Building and Creation of Economic Opportunities in Ethiopia project, the solar powered Dewe Water Scheme was established and handed over to the communities in Eyeledi kebele. The key objective of the project was to reduce the vulnerability of pastoralist communities to water-borne diseases by providing them improved quality and access to safe water and sanitation facilities. This water scheme now provides access to clean water to over 3,200 people in the Kebele, and has the capacity of providing over 200,000 liters per day by generating seven liters per second. Communities' lives have dramatically changed: "We no longer go to the river or travel long-distances to fetch water that is unclean. We now have clean water near our home," Fatuma says. Women and children in particular feel the biggest impact. "As a mother, I know the pain of not having water at home, and I know what having it close to home means to me and my children.

It is life changing in many ways. We drink clean water. We wash our children and keep ourselves clean regularly. Our goats and camels drink clean water as well from the water trough built at a closer distance from the pump. Isn't this Allah's blessing?" Beyond improvement in health providing access to clean water not only benefits their cattle, which are the primary sources of income for the pastoralist communities; thus, improving their livelihood.

Disease Prevention and Control

Our disease prevention and control programs intervenes at the community and facility level, while building evidence for advocacy to influence policy development and implementation at the national level. At the community level, we work to raise communities' awareness on disease surveillance for early identification of potential outbreaks of communicable diseases. We train health extension workers to prevent disease outbreaks and to develop communication plans during health emergencies, including proper referrals management. We also support the availability of quality services and infrastructure at the lower level of health delivery focusing on communicable and Non-Communicable Diseases (NCDs). Health care workers are trained in both clinical topics and leadership, management, governance skills to effectively manage health facilities and deliver quality prevention, treatment and control services for communicable and Non-Communicable Diseases. Most importantly, we work with health workers to implement plans and systems for emergency preparedness at health facilities to ensure customised response for outbreaks to address the immediate needs of the affected population. Currently, HIV and malaria interventions are integrated in our maternal and child health activities and our trachoma elimination program is linked with our WASH activities.



A health extension worker measuring the height of a children using a dose pole to determine the dosage of Zithromax oral suspension prior to the drug administration.
Moyale Woreda, Somali region
© Somali Region Field Office/ Amref Health Africa

Eliminating Trachoma in Developing Regions

Trachoma is the leading infectious cause of blindness worldwide. While children are the most susceptible to infection from trachoma, the blinding effects of repeated infections do not usually develop until adulthood. Women are up to four times more likely than men to develop trichiasis, in part due to repeated exposure to their children's infections. The disabling effects of vision loss further compound other common challenges faced by poor and marginalized people³.

With strong political will and commitment, Ethiopia is making significant progress in implementing the SAFE strategy – Surgery for trichiasis patients, Antibiotic to clear infections, Facial cleanliness and Environmental improvement to eliminate trachoma. Thus far, 565,693 people have received eyelid surgery and around 60 million people have been treated with antibiotic, resulting in 11 trichiasis free woredas and 138 woredas that have stopped mass drug administration (MDA)⁴. Most of the efforts have been concentrated in agrarian regions. As of January 2020, there are 588 trachoma endemic woredas in the country with an expected population of 73,539,992 requiring antibiotic treatment and 312,140 peoples in need of trichiasis surgery. The government of Ethiopia aims to achieve 100% MDA coverage and clear all trichiasis backlog⁵.



A health extension worker administering Zithromax oral suspension for a child to prevent active trachoma infection, Moyale Woreda, Somali region
© Somali Region Field Office/ Amref Health Africa

In close partnership with the Federal Ministry of Health (FMOH) and Regional Health Bureaus (RHB), based on our strong presence in Afar, Benishangul-Gumuz, Gambella and Somali regions, our organization has begun implementing components of the SAFE strategy to address existing gaps in the fight against blinding trachoma in 120 woredas across all four regions. Our interventions include engaging and strengthening the capacity of regional and woreda leadership on trachoma elimination; strengthening health systems by focusing on increasing the capacity of health workforce to implement SAFE strategy; establishing Primary Eye Care Units to increase access to eye care services at facility-level, and ensuring quality service delivery.

In all of the four regions, Amref Health Africa supports the RHBs to clear their trichiasis backlog, estimated at 18,700 cases, by training nurses as Integrated Eye Care Workers to conduct surgery at facility-level and outreach programs. In Afar and Somali, we have also been engaging in MDA. For the last three consecutive years, we have been working in three of the most trachoma endemic woredas in Afar, reaching a total number of 130,949 treatments in 2019. In Somali, in close partnership with the woreda health offices, we covered all 31 high trachoma endemic woredas and reached 2.4 million people with Zithromax and Tetracycline Eye Ointment. As MDA efforts continue in selected endemic woredas and impact assessment surveys are conducted, by mid-2020, Amref Health Africa plans to start implementing prevention programs on two critical components: facial cleanliness and environmental improvement in Afar and Somali.

³ Report of the 21st Meeting of the WHO Alliance for the Global Elimination of Trachoma by 2020, Geneva, Switzerland, and 20–22 April 2017

⁴ FMOH Master Plan Situational Analysis Report, 2019

⁵ Summary Proceedings Nineteenth Annual Trachoma Program Review, Celebrating 20 years of Impact, The Carter Center, Atlanta Georgia, March 19-20, 2018

Human Resources for Health

Aligning with the Government of Ethiopia's health priorities and communities' needs, Amref Health Africa focuses on increasing the number and skills mix of mid-level and community-level health workers, particularly in developing regions by enhancing access to and quality of training institutions. We engage in pre-service training to improve the quantity of competent health professionals and enhance RMNAYCH, WASH and Disease Prevention and Control services. Our interventions support the training of mid-level health workers (midwives, anaesthesiologists and nurses) and the training of HEWs. We also engage in in-service training targeting practicing health officers, nurses, midwives and health extension workers through our 417 health centers and 1,542 health posts we reach, complemented by supportive supervision and mentoring. Our organization also provides technical and financial resources for the development of training materials, the procurement of learning tools, and the provision of equipment for skill development laboratories in health science institutions. Moreover, as leadership is essential to the success of human resources management, Amref Health Africa invests on strengthening leadership, management and governance (LMG) capabilities within the health system and creates learning platforms for health managers and practitioners across different regions.



10,292

HEALTH CARE PROVIDERS
(NURSES, MIDWIVES, PUBLIC
HEALTH OFFICERS, GENERAL
PRACTITIONERS) TRAINED



15,437

COMMUNITY HEALTH CARE
WORKERS (HEALTH EXTENSION
WORKERS AND MEMBERS OF
HEALTH DEVELOPMENT ARMIES)
TRAINED

Our Story

Building Skills to Fill Health Workforce Gap

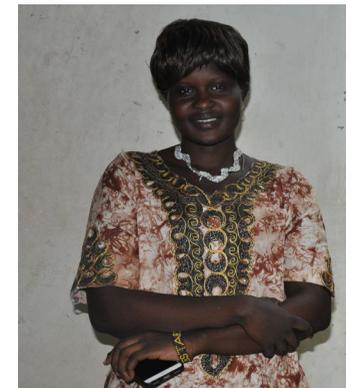
Health workforce development is one of the key pillars of Amref Health Africa's five year strategic plan. As shortage of health workers, particularly midwives, is especially acute in the developing regions, Amref Health Africa has focused its efforts on health systems strengthening in Afar, Benishngul- Gumuz, Gambella and Somali regions. To bridge this gap, we support more than 193 midwifery trainees across these four regions through our GlaxoSmithKline (GSK) human resources for health project.

For a region with over half million people, Gambella only has 52 midwives. On average, one midwife covers a population of 10,000. This represents a severe shortage relative to other regions in the country. Previously, there was no midwifery training available in the region, so students had to travel hundreds of kilometers for training. Amref Health Africa assisted students from Gambella who wanted to study at the Arbaminch Health Science College in SNNPR; however, the drop-out rate was high among them as they returned without completing their studies. Due to a lack of supportive system, many capable and passionate candidates did not pursue midwifery.

In order to address this challenge, Amref Health Africa supported the establishment of a midwifery-training program in 2018 where currently, 60 midwifery students are attending a three-year training program at Gambella Health Science College. The three-year course is a combination of classroom sessions, practical demonstrations and hospital placements. Ayachyol represents tomorrow's midwives. She is currently pursuing the three-year training program: "My aspiration is to become a well-trained and skilled midwife who strives to save lives. No matter how far the village I might be assigned to work, I want to be part of the solution of addressing mothers and children's health challenges in my region. I would like to go back and serve the community I have come from," she says.



Midwifery trainees at Gambella Health Science College
© Girma Berta for Amref Health Africa



Ayachyol, a 3rd year midwifery student at
Gambella Health Science College
© Kenaw G./ Amref Health Africa

Youth Engagement in Amref Health Africa

Amref Health Africa recognises the importance of youth voices, meaningful engagement of young people and youth ownership in the trajectory of their own and their community's health outcomes. In recognition of the important role the youth can play, we established the Amref Youth Advisory Parliament in December 2018, with plans to expand it to regional and woreda platforms under the basic tenet of enabling young people to lead and advocate for their own health and development. As the majority of our audiences and targeted beneficiaries are the youth, representing 46% of the population (15 – 29 years of age) we serve, we strongly believe we need to engage them in our program design, implementation and evaluation through a consultative process and listen to their input on key issues such as SRH, while we provide them with opportunities for engagement and youth leadership.



Members of Amref Health Africa Youth Advisory Parliament, Arbamich and Addis Ababa
© Solomon T./ Amref Health Africa



WE THANK OUR PARTNERS!

2019

Our Core Values



INTEGRITY

Demonstrating high ethical standards in all our dealings



THE AFRICAN SPIRIT



UBUNTU

Embracing compassion based on our fundamental shared humanity



QUALITY

Insuring excellence is core to our planning and execution





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